

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10667463</u>	FILING DATE							
							APPLICANT(S)								
CLAIMS															
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP		
1	/						51								
2		/					52								
3		/					53								
4		/					54								
5		/					55								
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7		/					57								
8	/						58								
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43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	← ↓		← ↓		← ↓		TOTAL IND.	← ↓		← ↓		← ↓			
TOTAL DEP.	← ↓		← ↓		← ↓		TOTAL DEP.	← ↓		← ↓		← ↓			
TOTAL CLAIMS	← ↓		← ↓		← ↓		TOTAL CLAIMS	← ↓		← ↓		← ↓			